

DOCUMENT-IDENTIFIER: US 3910273 A

TITLE: Aspirating hypodermic syringe

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ABPL:

A hypodermic <u>syringe</u> for injection of anaesthetics must be designed in such a

manner that <u>aspiration</u> can be made easily and preferably without the necessity

to inject some of the anaesthetic prior to the <u>aspiration</u>. In syringes of the

type intended for cooperation with a cylindrical ampoule having a displaceable

plunger for closing one of its ends whereas the other end is closed by a

diaphragm, it is further important to prevent the diaphragm and plunger from

being damaged during injection so that air may enter into the ampoule. A

syringe meeting these demands is provided in that a sleeve-shaped piston rod is

adapted to be governed by the internal wall of the ampoule, the rod being

fitted to an operating member which, however, is axially displaceable in

relation to the rod and connectable directly to the plunger by means of a

connecting device extending through the piston rod. The operating

member is

designed as a two-part plate, one part of which is shaped as a one-finger-maneuvered lever operating against projections in the piston rod and

intended via the connecting device to bring about the required motion of the

plunger for effecting aspiration.

BSPR:

The plunger of certain types of known cylindrical ampoules is designed in such

a manner that it forces a diaphragm inwards, when acted upon by a piston rod,

so a limited quantity of fluid is expelled. When the pressure upon the piston

rod is removed the diaphragm returns to its original position, sucking fluid

back into the ampoule. In this manner it is possible to ascertain if the

needle has entered into a vein or in the tissue. Injection of an anaesthetic

into a vein would cause grave troubles during the application of odontologic

local <u>anaesthesia</u>. A disadvantage with <u>syringes</u> of known type is that it is

necessary to inject some of the anaesthetic, or the like, in order to bring

about the desired <u>aspiration</u>. During the injection it may further happen that

the piston rod breaks the diaphragm, whereby air may enter the ampoule. Heavy

forces upon the plunger may deform the latter, whereby the clearance between

the piston and the cylinder wall will be so big that air may enter the ampoule.

BSPR:

A further objective is to obtain a way to better determine the quantity of

fluid <u>aspiration</u> than has been possible with earlier types of <u>syringes where</u>

<u>the aspiration</u> occurs automatically when the pressure upon the piston rod is removed.

BSPR:

The aim of the present invention is to eliminate the disadvantages of the known

syringe, and to propose a **syringe** of simple design, which is cheap to

manufacture, handy to use and where further the <u>aspiration</u> and the injection

may be performed without changing the grip upon the unit.

DEPR:

With all odontologic local <u>anaesthesia</u> it is desirable to inject the anaesthetic into the tissue, either sub-muscularly in the location where the

<u>anaesthesia</u> is desired (infiltration <u>anaesthesia</u>) or around a nerve trunk

leading to the location where it is desired to kill the pain (convection

<u>anaesthesia</u>). Injection into a vein should be avoided from medical as well as

from practical point of view, as the risks for general complications

are big,

and the anaesthetic will be rapidly washed away from the point of injection.

It therefore is a requirement that an aspiration shall be made before the

injection proper, and this is, according to the invention, brought about by

forcing plate part 16 downwards, whereby spigot 6 of plunger 5 is pulled

backwards sufficient to cause a sub-pressure in the ampoule.

Hereby fluid from

the injection locality may flow into the ampoule. If the aspiration is

negative the pressure may be applied on the full plate 15, 16 whereby the

piston rod will act upon plunger 5 and the injection occurs. From <u>aspiration</u>

to injection there is no need to change the grip of the fingers around the

syringe, whereby a full guarantee against intravasal injection is obtained, as

the position of the needle will not be changed.

CLPR:

1. In a hypodermic **syringe** of the type cooperating with a cylindrical ampoule

and provided with means for performing <u>aspiration</u> prior to injection, having a

displaceable plunger connected to a piston rod and closing one end of said

ampoule, said plunger being provided with an axial spigot extending from the

end surface of the plunger proximate said ampoule and projecting endwise beyond

the end surface of the plunger remote from the ampoule, said piston rod being

sleeve-shaped and telescoped within the cylindrical internal wall of the

ampoule, said ampoule having a hollow needle extending from the other end

thereof, the improvement wherein said piston rod at its end remote from the

ampoule engages an operating device axially sliding against the outer surface

of said piston rod, said operating device being connected to clamping means

extending through slits in said piston rod towards the inside and engaging with

said plunger over a connecting device attached to said piston rod, said

connecting device extending through said piston rod and having means engaging

with said axial spigot on movement of said operating device toward said

ampoule, the outer end of said operating device being provided with a divided

end plate, one portion of which is fixed to said operating device and the other

portion being hingedly connected to said fixed portion, said hinged portion

turning outwards on movement of said operating device toward said ampoule by

projecting means on the outer rim of said piston rod, repositioning of said

hinged portion lifting up said spigot by said connecting device,

thereby causing an inward bulging of said proximate end surface of said plunger, resulting in <u>aspiration</u>.